



South Carolina
DEPARTMENT OF AGRICULTURE

Hugh E. Weathers, Commissioner

HEMP FARMING PROGRAM DESTRUCTION REQUEST FORM

- This report is due for every field or indoor prior to destruction. No destruction is authorized until you receive approval of your destruction plan in writing from SCDA and an SCDA representative is present. After submission of this form, SCDA will approve or deny your destruction plan and then once approved, will contact you to set up a time and date for destruction.
- Please submit this form to hempsforms@scda.sc.gov. **Any application submitted to any other email will not be accepted.**

Permit Holder _____ Permit # _____

Farm Address _____ County _____

City, State, Zip _____

Phone _____ Email _____

If the hemp crop has failed and you intend to destroy it, complete the information in the table below. You must receive approval from SCDA PRIOR to destruction, as SCDA must approve your destruction plan in writing.

The Location ID below MUST correspond to the permitted Location ID on your application or site modification request.

Location ID (MUST match Permitted Location ID)	Hemp Variety / Strain	Acres / Square Feet Proposed for Destruction	Reason for Proposed Destruction	Will this be a complete destruction of all hemp in this plot?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate if you have any other hemp growing on this address. Yes No

Please set forth your destruction plan:

NOTE: If you are growing any other hemp NOT reported on this form, you will need to complete another Harvest Report or Destruction Request Form, as applicable.

By signing my name below, I attest that I am the permit holder and am authorized to submit this form, and that this information is accurate and complete.

Signature _____ Date _____

Inspector Signature _____ Date _____

FOR SCDA INTERNAL USE ONLY

Destruction Plan is Approved Denied

If approved, scheduled date and time for destruction _____

If denied, reason for denial _____